



# Student Friends of Hayward Library Teen Volunteer Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address\*: \_\_\_\_\_  
\*HUSD emails are not valid.

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Your School: \_\_\_\_\_ Grade : \_\_\_\_\_

What language(s) do you speak? \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Volunteer program(s) you wish to participate in (check all that apply):

\_\_\_\_\_ Volunteer Book Reviewers; Virtual

\_\_\_\_\_ Children's Room Helpers; In-Person at (please check your desired location):

\_\_\_\_\_ Downtown Library or \_\_\_\_\_ Weekes Branch Library

- I understand that proof of vaccination is required prior to volunteering and that I will be emailed instructions to submit my vaccination record (applies to IN-PERSON volunteering only.)
- I will arrive on time and will call the library in advance if I am late or unable to work my shift. (applies to IN-PERSON volunteering only.)
- I have read the attached documents and understand the program requirements; I understand that failure to follow the program guidelines may result in me being terminated from the program.
- It is my intention to follow the terms of this agreement in the spirit of good faith and cooperation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## To be completed by Parent or Guardian

I give permission for my child, \_\_\_\_\_ to volunteer at the Hayward Public Library. I have read and understand the rules governing their participation. I understand that pictures of my child may be taken and published in order to promote the Hayward Library and its programs.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_